

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/018708
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2	1		1		1	
3		2		2		2
4		2		2		2
5		1		1		1
6		1		1		1
7		2		2		2
8		2		2		2
9		2		2		2
10		2		2		2
11		2		2		2
12		1		1		1
13		1		1		1
14		1		1		1
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30	1		1		1	
31	1		1		1	
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TOTAL IND.	↓		↓		↓	
TOTAL DEP.		6		6		6
TOTAL CLAIMS		51		49		53

	* 1		* 2		* 3	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADAMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3331

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